

# Wisconsin Department of Safety and Professional Services

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## CEMETERY BOARD

### REORGANIZATION OF A CEMETERY ASSOCIATION

**Information:** Submit this form and a copy of the proceedings from the meeting, signed by the secretary of the Association, after holding a meeting, pursuant to a notice published in accordance with Wis. Stats. § 985 for the purpose of reorganizing the Association and electing trustees.

<b>Reason for Reorganization:</b> <input type="checkbox"/> The Association was dissolved by failure to hold an annual election for three (3) consecutive years. <input type="checkbox"/> The Association was never properly organized as a Cemetery Association.	
<b>Name of Association</b> (continue name of dissolved Association or adopt new name) <input type="text"/>	<b>Date of Meeting to Reorganize the Association</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>County where all Members Reside</b> <input type="text"/>	<b>Date of Annual Meeting:</b> (month/day) <input type="text"/> / <input type="text"/>
<b>Address of Principal Office of the Association</b> (street, city, state, zip) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Chairperson selected by the Members</b> <input type="text"/>	<b>Chairperson of the Cemetery Association's Signature</b> <input type="text"/>
<b>Secretary selected by the Members</b> <input type="text"/>	<b>Secretary of the Cemetery Association's Signature</b> <input type="text"/>
<b>Email Address of Chairperson or Secretary</b> <input type="text"/>	

**Members: List minimum of five (5) members who all reside in the county listed above.** (attach additional sheet(s) if necessary)

<b>1. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		
<b>2. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		
<b>3. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

# Wisconsin Department of Safety and Professional Services

<b>4. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>5. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>6. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>7. Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

**Trustees: List minimum of three (3) and maximum of nine (9) who were elected by the Members to hold office for the terms indicated below:**  
(attach additional sheet(s) if necessary)

**CLASS 1: One Year Term**

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

# Wisconsin Department of Safety and Professional Services

## CLASS 2: Two Year Term

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

## CLASS 3: Three Year Term

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

### CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

### AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Chairperson or Secretary:

Date:  /  /